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To: Mr. James D. Sells

FAX#: 703-872-9306

PHONE #:

FROM: Darla Faulhaber

DATE: June 16, 2005

RE: U.S. SERIAL NO. 10/716,214

Inventor: HARMS, Jeffrey W.

Title: Coated Folded Ultrasonically Sealed Yard Sign

Filed: 11/18/2003

CLIENT MATTER CODE: GIL041/106830

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 OIPE/IAP

This transmission consists of 31 pages, including the cover page.

JUN 17 2005

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PTO/SB/21 (08-03)

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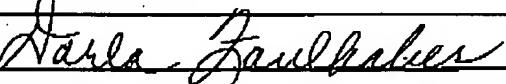
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/716,214
		Filing Date	11/18/2003
		First Named Inventor	HARMS, Jeffrey W.
		Art Unit	1734
		Examiner Name	SELLS, James D.
Total Number of Pages in This Submission	30	Attorney Docket Number	GIL041/106830

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Shughart Thomson & Kilroy P.C.
Signature	
Date	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Dana Faulhaber	
Signature		Date
	6/16/05	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
510.00**Complete If Known**

Application Number	10/716,214
Filing Date	11/18/2003
First Named Inventor	HARMS, Jeffrey W.
Examiner Name	SELLS, James D.
Art Unit	1734
Attorney Docket No.	GIL041/106830

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Nonc Other (please identify): _____

Deposit Account Deposit Account Number: **12-1660** Deposit Account Name: **Shughart Thomson & Kilroy**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for 3 month Extension of Time

Fee Paid (\$)

510.00

SUBMITTED BY

Signature	<i>Malcolm A. Litman</i>	Registration No. (Attorney/Agent) 19,579	Telephone 816-421-3355
Name (Print/Type)	Malcolm A. Litman	Date 6/16/05	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/716,214
 Applicant : Jeffrey W. Harms
 Filing Date : November 18, 2003
 Art Unit : 1734
 Title : COATED FOLDED ULTRASONICALLY
 SEALED YARD SIGN
 Examiner : James D. Sells
 Docket No. : GIL041/106830
 Customer No. : 24030

MAIL STOP AMENDMENT
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6/16/05
 Date
Darla Faulhaber
 Darla Faulhaber

AMENDMENT

Sir:

This Paper responds to the communication mailed December 17, 2004. Please enter the following Amendment to the above-identified Application.

The Applicant herewith petitions the Commissioner of Patents and Trademarks to extend the time for reply to the Office Action dated December 17, 2004 for three (3) months from March 17, 2005 to June 17, 2005. Two copies of the fee transmittal are attached.

Please charge any deficiency or credit any overpayment with respect to this extension fee to deposit account number 12-1660.

Appl No. 10/716,214
Amd. Dated June 16, 2005
Reply to Office Action of December 17, 2004

Amendments to the Specification are reflected in the listing of replacement paragraphs which begins on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Remarks begin on page 22 of this paper.